PTO/SB/17 (01-06)
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pes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
·		Application Number	10/033,243		
FEE TRANSI	WIIIAL	Filing Date	December 27, 2001		
For FY 2006		First Named Inventor	Karen L. FEARON		
		Examiner Name	P. Duffy		
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1645		
OTAL AMOUNT OF PAYMENT	(\$) 760.00	Attorney Docket No.	377882001800		
ETHOD OF DAVMENT (shock	all that apply)				

TOTAL AMOUNT OF PAYMENT	(\$) 760.0	0	Attorney Docket	No.	377882001800	)	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account			<del></del>		orrison & Foerst	er LLP	<del> </del>
For the above-identified de	posit account, the	Director is					
Charge fee(s) indicat	ed below		Charg	je fee(s) in	dicated below, ex	cept for th	e filing fee
fee(s) under 37 CFR	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION (All the			n filing or may	be subj	ect to a surcha	rge.)	
1. BASIC FILING, SEARCH, AND	EXAMINATION F FILING FEES		ARCH FEES		NATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type Fee		Fee (\$		Fee (\$)			aid (\$)
Utility 30		500	250	200	100		00
Design 20		100	50	130	65		00
Plant 20 Reissue 30		300 500	150 250	160 600	80 300		00
Reissue 30 Provisional 20		000	0	000	0		00
2. EXCESS CLAIM FEES	100	U	U	U	U		Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Rei						50	25
Each independent claim over 3 (in	cluding Reissues)					200	100
Multiple dependent claims						360	180
Total Claims							
HP = highest number of total claims paid to	x 25.00 =		.00	_		ee Paid (\$ 0.00	1
HP = highest number of total claims paid for, if greater than 20. 180.00 0.00 1ndep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
2 -3= 0	× 100.00 =		.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 (round up to a whole number) x = 0.00							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge	2401 Notice	of appeal		hird mont	h		0.00 0.00

SUBMITTED BY		 			
Signature		Registration No. (Attorney/Agent)	47,081	Telephone	(650) 813-5777
Name (Print/Type)	Terri Shieh-Newton			Date	October 11, 2006

10-13-06

AF\$

OTPE 12006 W

PTO/SB/21 (09-04/ Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Application Numbe	r	10/033,243	
			Filing Date		December 27, 2001	
			First Named Inventor		Karen L. FEARON	
			Art Unit		1645	
			Examiner Name		P. Duffy	
Total Number of Pages in This Submission 21			Attorney Docket Nu	ımber	377882001800	
	EN	CLOSURES	(Check all that a	pply)		
	mittal Form + duplicate cessing – 2 pages	Drawing(s)			After Allowance Communication to TC	
Fee Attached Licensing-rel			ated Papers Appeal Communication to E Appeals and Interferences			
X Amendment/Reply – 16 pages		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) – 1 page	
X After Final		Petition to Convert to a Provisional Application			Proprietary Information	
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		,   [	Status Letter	
Extension of Time Request  – 1 page		Terminal Disclaimer			Other Enclosure(s) (please Identify below):	
Express Abandonment Request		Request for Refund		F	Return Receipt Postcard	
Information Disclosure Statement		CD, Number of CD(s)				
Certified Copy of Priority Document(s)		Landscape Table on CD			,	
	lissing Parts/ e Application	Remarks				
	y to Missing Parts under FR 1.52 or 1.53					
				=		
	SIGNATI	JRE OF APPLICA	ANT, ATTORNEY,	OR A	GENT	
Firm Name	MORRISON & FOE	RSTER LLP (Cu	ıstomer No. 2522	26)		
Signature	2					
Printed name	Terri Shieh-Newton					
Date	October 11, 2006	Reg. N	10.	47,081		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 534437686 US, on the date shown below in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 11, 2006 Signature: (Lori Sims)